

Under The Color OF STATE
Law.

David D. Harris

Name and Prisoner/Booking Number

P-54352

Place of Confinement

CHCF-STOCKTON - PO.Box 213040

Mailing Address

Stockton CA. 95213

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

FILED

Mar 21, 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

David D. Harris

(Full Name of Plaintiff)

Plaintiff,

v.

(1) (CNA) M. Thomas

(Full Name of Defendant)

(2)

(3)

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-cv-512-DMC (PC)

(To be supplied by the Clerk)

TRIAL BY JURY DEMANDED

Sued in Her Individual Capacity AND
OFFICIAL CAPACITY

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: CHCF-Stockton

B. DEFENDANTS

1. Name of first Defendant: M. THOMAS. The first Defendant is employed as:
(CNA) CERTIFIED NURSING ASSISTANT at CHCF - STOCKTON.
(Position and Title) (Institution)
2. Name of second Defendant: _____. The second Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 3. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: DAVID D. HARRIS v. N. Kennedy
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) SETTLED

b. Second prior lawsuit:

1. Parties: DAVID D. HARRIS v. N. MALAKKALA
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled

c. Third prior lawsuit:

1. Parties: DAVID D. HARRIS v. Faye Benkle
2. Court and case number: UNKNOWN
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Settled

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Eighth Amendment Violation
2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- ON 8-24-21 AT 2:07 AM WRITER, DAVID D. HARRIS WAS ON 1:1 OR SUICIDE WATCH, THE MEDICAL STAFF WATCHING ME WAS NONE - OTHER THAN M. THOMAS CERTIFIED NURSING ASSISTANT. ON SUICIDE WATCH WE ARE TO HAVE NO SHARPS OR METAL OBJECTS TO HURT OURSELVES WITH, SO THE MOMENT I STARTED HAVING VIOLENT URGES TOWARDS MYSELF, I SHOWED CNA M. THOMAS THE 2 INCH STAPLE, SHE WAS SUPPOSED TO DO ONE OF TWO THINGS EITHER ALERT MEDICAL STAFF OR ACTIVATE HER SECURITY ALARM. ONCE SHE FAILED TO DO THESE THINGS WHICH ARE REQUIRED, SHE VIOLATES CDCR TITLE 15 3365(C) WHICH IS SUICIDE PREVENTION AND RESPONSE. ITS NOTED IN MY HISTORICAL CHART THAT IVE TRIED TO KILL MYSELF ON COUNT-LESS OCCASIONS, THATS THE REASON I WAS ON SUICIDE WATCH TO BEGIN WITH, SHE SAT THERE AND WATCHED ME DRIVE THAT STAPLE INTO MY WRIST DRAWING LARGE AMOUNTS OF BLOOD UNTIL I REALIZED WHAT I WAS TRULY DOING THEN I HAD TO CALL FOR HELP, ALL WHILE SHE'S SITTING THERE, ONCE THE NURSES ARRIVED, SHE TOOK A PAIR OF TWEEZERS AND PULLED THE METALIC OBJECT OUT OF MY ARM.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- I SUSTAINED CUTS AND LACERATIONS TO MY WRIST AND EXTREME PAIN.
5. **Administrative Remedies:**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 - Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
 - Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: 14TH Amendment
EQUAL Protection
2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- AS STATED ONCE STAFF AND THAT MEANS ANY STAFF
MEMBER OF CDCR WITNESS'S A SUICIDE ATTEMPT IN PROGRESS. BY LAW
THEY'RE SUPPOSE TO ACTIVATE THEIR PERSONAL SECURITY ALARM THEN AN CARRY
ONE FOR INCIDENTS OR THREATS TO SAFETY.
- SO ONCE A STAFF MEMBER PARTICIPATES, OMMITS, OR KNOWS
AND DOES NOTHING THEY VIOLATE THE GOVERNMENT CODE 845.6 AND
844.6 (AS WELL AS THE DUFFY CLAUSE)
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
CUTS AND LACERATIONS TO THE WRIST AND EXTREME PAIN.
5. **Administrative Remedies.**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
☒ Yes ☐ No
 - Did you submit a request for administrative relief on Claim II?
☒ Yes ☐ No
 - Did you appeal your request for relief on Claim II to the highest level?
☒ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

CLAIM III

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

See Attached

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

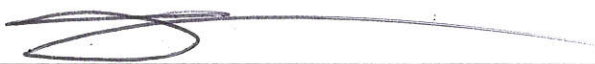
State the relief you are seeking:

1. TRIAL BY JURY Demand, 2. MONETARY compensation; 3. Declaratory
Compensations And damages. 4. Request OF AN Alternative Dispute
Resolution per F.R.C.P.
4. IN THE AMOUNT OF \$5,000,000.00 Monetary, Nominal, Declaratory
Declaratory.
And the COURT deems Punishable The Cruel and
UNUSUAL Punishment.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3-1-22
DATE


SIGNATURE OF PLAINTIFF


(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

Pro Se
(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

Renewal of Involuntary Medication Petition

Inmate Name (Last): HARRIS (First): DAVID CDCR #: P54352 PID #: _____
 Date: March 12, 2021 Institution: CHCF-Stockton Bed/Cell/Dorm: CHCF A 302B1-137001L
 Age: 42 Gender: ☒ Male ☐ Female Interpreter: ☐ Yes ☒ No Language: _____

NOTICE OF INTENT TO SEEK RENEWAL OF INVOLUNTARY MEDICATION

The clinical staff of the institution shown above allege that you continue to have a serious mental illness or disorder. As set forth in the attached declaration, your behaviors and symptoms meet the legal criteria for danger to self, danger to others, or grave disability. These symptoms are currently being moderated by court-ordered psychiatric medication. A judge has previously ordered you to take psychiatric medication for these condition(s). The clinical staff of this institution alleges that, without said medication, you would revert to your previously qualifying condition(s) and, as specified in the attachments, you have by either your statements or behaviors shown a lack of sufficient insight to manage your illness without a PC 2602 order. You will therefore be brought in front of an Administrative Law Judge, who will decide whether you should continue to be given psychiatric medication on an involuntary basis.

PENAL CODE 2602 ORDERED MEDICATION STATUS

Your current order for involuntary psychiatric medication expires on: March 19, 2021

RENEWAL HEARING

Hearing Date and Time: March 18, 2021 @ 0900 Hearing Institution: CHCF - Stockton
 Attorney Name: Stephen Atkins Attorney Address: 290 E. L Street, Ste. 363
 Attorney Phone: (707) 648-3240 Benicia, Ca 94510

Renewing Psychiatrist:

Name and Title (Print): V. MALHOTRA, MD

RENEWAL BASIS

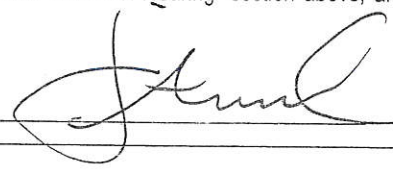
- The basis for involuntary medication in the prior order is marked below.
- Based on clinical judgment and observation, except for medication resulting from the current order, it is alleged that the above-entitled patient would be: (mark all that apply)
☒ Danger to self ☒ Danger to others ☐ Grave disability and lacks capacity to refuse treatment

SERVICE

I declare under penalty of perjury that I delivered a copy of this notice, a copy of the form "CDCR MH-7366 Inmate Rights Notice - Involuntary Medication", and any related paperwork such as exhibits or attachments, to the attorney listed in the "Renewal Hearing" section above, and to the patient on the date shown below.

Person Delivering Petition:

Name and Title (Print): J. Arandia, MCA

Signature: 

Date: 3/12/2021

1. Disability Code:

☒ TABE score \leq 4.0 ☐ LD
☐ DPH ☐ DPV ☐ DNH
☐ DPS ☐ DDP
☐ DNS ☐ DDP
☐ Not Applicable

2. Accommodations:

☐ Additional Time ☐ SLI
☐ Equipment ☐ Slower
☐ Louder ☐ Transcribe
☐ Basic ☐ Other*

3. Effective Communication:

☐ Patient asked questions
☐ Patient summed information
 Please check one:
☐ Not Reached* ☐ Reached
 *See chrono/notes

CDCR #: P54352

Last Name: HARRIS

MI: _____

First Name: DAVID

DOB: 03/21/1978

4. Comments: TABE 06.6; NCF

Unauthorized collection, creation, use, disclosure, modification, or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

DISTRIBUTION: Original: Health Records Copies: Patient, MCA, patient's attorney, OLA, OAH

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Other; 7363 Notice of Certification for Involuntary Medication

EHRS LOCATION: Mental Health Documentation > Legal

10.

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Declaration in Support of Renewal of Involuntary Medication

Patient Name (Last): Harris (First): David CDCR #: P54352 PID #:
 Date: 03/12/2021 Institution: CHCF- STOCKTON Bed/Cell/Dorm: 137
 Age: 42 Gender: ☒ Male ☐ Female Interpreter: ☐ Yes ☒ No Language: English

1. I am a licensed psychiatrist employed by the State of California to treat patients sentenced to imprisonment or housed in a California state prison, including facilities operated by the Department of State Hospitals to treat California Department of Corrections and Rehabilitation patients.
2. The current working diagnosis, which is a serious mental illness requiring psychiatric medication, for this patient is: MDD with psychotic features
3. The patient named above is currently on a PC 2602 order that expires on Mar 19, 2021. In my opinion, this court order must be renewed.
4. The basis for the above diagnosis is as follows:
☒ Danger to self ☒ Danger to others ☐ Gravely disabled and lacking capacity to accept or refuse medications
5. (If applicable) The following new acts or behaviors occurred in the last 12 months, which suggest an additional basis should be added to the existing court order:

6. In my professional opinion, without involuntary psychiatric medications the patient listed would revert to the behaviors or acts that were the basis for the initial petition in this matter, based on the patient's serious mental illness requiring consistent psychiatric medication. The behaviors or acts that required involuntary medication and led to this court order are summarized as follows:

At SVSP on 05/31/2013 Emergency Involuntary Medication started. Mr. Harris has a mental illness and a long history of affective lability, depression symptoms, and self injurious behavior. Ha had attributed self injurious behavior by cutting on himself and banging his head. Ha had poor medication compliance, rarely attended groups.. He had suicide attempts on 03/18/2013 when he scratched his wrist against the wall in his cell and on 04/24/2013 making superficial cuts on left wrist. On 05/04/2013 a report made he attempted to hang himself. Mr. Harris was admitted on 5/21/13 when he stated, 'Man I'm not safe. I feel like banging my head" He was placed on 1:1 observation after reporting headaches from head banging. Mr. Harris refused psychotropic medications, was a Danger to Self and for these reasons was placed on Emergency Involuntary Medications. A court order was granted for one year on basis of Danger to Self from 08/20/13-8/20/14. The order was continuously renewed for DTS and in 2019 when Mr. Harris threatened multiple staff members multiple times(8/1/18,3/15/19) DTO was added. Mr. Harris received 3 RVRs. On 1/24/20 Pt reported banging his head against the wall, blood notified on the wall, opened his old Injury, does not trust himself on 1:1, has active plan to kill himself (by banging) secondary to voices(MHMD Note, 1/24/20). It was renewed for DTS and DTO on 3/12/20. In the past year, pt. continues to have suicide ideations, on 2/20/21, he reported feeling depressed, having suicidal thoughts. Pt. is very unpredictable at this time(MHMD Note, 2/20/21). Pt has had poor attendance throughout his stay in PIP. On one occasion having to be rehoused for disrupting group. On a separate unit the RT reported Pt was unwilling to work with him because he felt "disrespected" by the RT(RT DC summary, 2/17/21). Per SRASHE, his Chronic risk is high due to previous, though unverified suicide attempts. Patient has a long sentence and family supports are dwindling (son incarcerated and uncle mentally ill). Patient's self-esteem appears to be rather low and may internalize a lot of things despite coming across as a jokester. Acute risk is moderate as patient does engage in superficial self-harm at times. He did not engage in any potentially lethal self-harm in the past couple of years. He does head bang and superficially cut, which is precipitated by situational stressors or demonstrated to avert transfers(SRASHE, 2/12/21). In the past year pt. received 4 RVRs: Indecent exposure (5/5/20), battery on on non-prisoner(7/20/20), failure to respond to notices(10/2/20), battery on peace officer(1/6/21). It would be in the patients best medical interest to continue the order for another year.

1. Disability Code:

☐ TABE score \leq 4.0
☐ DPH ☐ DPV ☐ LD
☐ DPS ☐ DNH
☐ DNS ☐ DDP
☐ Not Applicable

2. Accommodations:

☐ Additional Time
☐ Equipment ☐ SLI
☐ Louder ☐ Slower
☐ Basic ☐ Transcribe
☐ Other*

3. Effective Communication:

☒ Patient asked questions
☒ Patient summed information
 Please check one:
☐ Not Reached* ☒ Reached
 *See chrono/notes

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

4. Comments:

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHRs LOCATION: Mental Health Documentation > Legal

DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION

CDCR MH-7368-2 (03/17)

Form: Page 2 of 5

Instructions: Page 6

Case 2:22-cv-00512-DMC Document 1 Filed 03/18/22 Page 9 of 21

Declaration in Support of Renewal of Involuntary Medication

a. In my professional opinion, without involuntary psychiatric medications the patient listed would continue to exhibit the behaviors set forth in response 5 above and are the basis for a new finding of danger to self, danger to others, or grave disability based upon fresh facts.

7. Pursuant to the existing court order, a licensed psychiatrist treating this patient has prescribed for the patient one or more psychiatric medications for the treatment of the patient's serious mental illness, has considered the risks, benefits, and treatment alternatives to involuntary medication, and has determined that the treatment alternatives to involuntary medication are unlikely to meet the needs of the patient.

8. I have advised the patient of the risks and benefits, and treatment alternatives to the psychiatric medication(s) and the patient refused, did not have the capacity, or was unable to consent to the administration of the medication.

9. The expected benefits of this medication to the patient are:

Decrease in symptoms

10. Potential side effects and risks to the patient from the medication, and any alternatives to treatment with the medication include:

Side effects of antipsychotic and mood stabilizing medications which are the standard of care include.

1. Muscle disorders- such as Parkinsonian tremors and rigidity, acute dystonia, tardive dystonia, tardive dyskinesia.

2. Metabolic disorders- such as weight gain, dyslipidemia, diabetes, hyponatremia.

3. Cardiac disorders such as QTC prolongation and arrhythmias.

4. Liver disorders such as transaminitis and medication induced hepatitis.

5. Pancreatic disorders such as pancreatitis.

6. Blood dyscrasias such as thrombocytopenia or leukopenia.

7. Other risks of antipsychotic and mood stabilizing medication include temperature dysregulation, seizures and in severe cases neuroleptic malignant syndrome- a medical emergency. These risks are mitigated by regular interviews, physical exams, monitoring of vital signs, EKG and serum analysis.

Alternatives such as talk therapy are not the standard of care for Schizoaffective disorder, nor validated as primary treatment. As a result, therapy is used as supplementary modality.

There are not alternatives to psychiatric medications. This patient is currently receiving treatment at the CHCF Psychiatric Inpatient Program, and is assigned a multidisciplinary team, including a psychiatrist, psychologist, social worker and rehabilitation therapist.

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

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EHRs LOCATION: Mental Health Documentation > Legal

12

DECLARATION IN SUPPORT OF RENEWAL OF INVOLUNTARY MEDICATION

CDCR MH-7368-2 (03/17)

Form: Page 3 of 5

Instructions: Page 6

Case 2:22-cv-00512-DMC Document 1 Filed 03/18/22 Page 10 of 21

Declaration in Support of Renewal of Involuntary Medication

11. I met with the above listed patient on 03/12/21 at CHCF and administered a standardized PC 2602 renewal questionnaire (below). The patient's responses are set forth as follows:

a. Ask the patient if s/he believes s/he has a serious mental illness. Response:

"Everyone who is in prison should have something"

b. Ask the patient to describe behaviors or acts which led to this involuntary medication order being put in place. Response:

Attempted hanging in 2013 and refusal of meds

c. Ask the patient to describe what s/he believes to be the main or most important signs or symptoms of his or her serious mental illness, when s/he is not on medication, or when the illness is active or not in remission. Response:

Hearing voices

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name Harris MI:

First Name: David

DOB: 03-21-1978

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Other; 7363 Notice of Certification for Involuntary Medication

EHR LOCATION: Mental Health Documentation > Legal

13.

Declaration in Support of Renewal of Involuntary Medication

- h. Ask the patient how does s/he think his or her mental illness should be treated? What kind of treatment does s/he think is important to control the symptoms of his or her illness? Response:

"I believe my problems are situational and meds help but in my situation meds are not going to help" " I need a phone call" " nobody is listening and then I have to act out to get things done and then they listen"

12. Based on the facts and diagnosis indicated above, my review of documents both in the treatment team profile of this patient and in the chart, and the patient's responses to the interview questions, it is my opinion that without psychiatric medication the patient would revert to the behaviors that were the basis for the initial petition in this matter.

13. In my opinion, the patient lacks the necessary insight to manage his or her own medication regimen. My opinion is based on my review of the clinical charting, medication administration records, the patient's statements over the course of the last 12 months, as well as patient interview and information on the historical course of the patient's serious mental illness, as documented on the provided Institutional Treatment Team Profile or Renewal PC 2602 Patient, which is incorporated herein by reference.

14. Based on the behaviors and symptoms indicated above, it is my opinion that as the result of a serious mental illness, the patient remains a (mark all that have been documented):

☒ Danger to self

☒ Danger to others

☐ Gravely disabled and lacking capacity to accept or refuse medications

15. In my opinion, there is no less restrictive alternative than renewal of the current court order. I request renewal of the order.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 03/12/21, in the City of Stockton, California, in the County of San Joaquin

Print Name and Title: Vikram Malhotra M.D

Signature: 

RECEIVED
CDCR
JUL 17 2021

Declaration in Support of Renewal of Involuntary Medication
CDCR MH-7368-2 (03/17)

CDCR #: P54352

Last Name: Harris

MI:

First Name: David

DOB: 03-21-1978

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DISTRIBUTION: Original: Health Records Copies: MCA

eUHR SCANNING LOCATION: MHChrono/Misc-Legal/Others; 7363 Notice of Certification for Involuntary Medication

EHR LOCATION: Mental Health Documentation > Legal

14

1 ADDITIONAL ARGUMENTS
2 AND MEMORANDUMS OF AUTHORITY'S.
3

4 THE PLAINTIFF MAINTAINS THAT AT THE TIME OF THE
5 INCIDENT I WAS HAVING A AUDITORY HALUCINATIONS
6 CAUSING ME NOT TO BE ABLE AT THAT TIME TO
7 EXPRESS MY TENDENCIES TO DIE. (SEE) COLEMAN V.
8 WILSON 912 F. SUPP 1282, 1298 AND N. 10, 1305-06
9 (E. D. CAL 1995)

10
11 GIBSON V. COUNTY OF WASHOE, NEV. 290 F.3d 1175
12 1189 (9TH CIR 2002)


13
14
15 UNDER THE TORT CLAIMS ACT, "A CLAIM NEED NOT CONTAIN
16 THE DETAIL AND SPECIFICITY REQUIRED OF A PLEADING
17 BUT NEED ONLY FAIRLY DESCRIBE WHAT THE ENTITY
18 IS ALLEGED TO HAVE DONE CAL GOV'T §§ 900 et
19 SEC 945.4.

20
21 moreover THE statute imposing liability ON A public
22 entity or its employees FOR FAILING TO TAKE
23 RESPONSIBLE ACTION TO SUMMON MEDICAL CARE ON BEHALF
24 OF PRISON INMATES IS LIMITED TO SITUATION IN WHICH
25 IS SUFFERING FROM SERIOUS AND OBVIOUS MEDICAL
26 CONDITION THAT REQUIRES IMMEDIATE ATTENTION GOV'T
27 CODE 845.6.
28

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

SC 21000338

| | | | |
|-----------------------|--|---|--|
| STAFF USE ONLY | | Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tracking #: CHCF HC 21001834 |
| A. Prasad RN | | Signature:  Date: 08/30/21 | |

Staff Name and Title (Print) _____ Signature _____ Date _____
If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

| | | |
|---|--------------------------|--------------------------------|
| Name (Last, First, MI): HARRIS, DAVID | CDCR #: P54352 | Unit/Cell #: A2B-137 |
|---|--------------------------|--------------------------------|

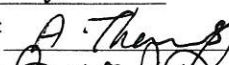
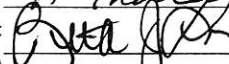
SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

ON 8-24-21 AT 2:07 AM I, DAVID D. HARRIS WAS 1:1 Suicide Watch in Building A2B. While CNA THOMAS WAS WATCHING me she viewed me in a active suicide attempt drove A 2 inch staple threw my left arm continuously until it lodge itself into my skin she didnt activate her alarm or call any staff member for assistance, TOTALLY VIOLATING CDCRS suicide prevention and Response 3365(c) Failing to report A active suicide attempt in progress AND Violated 844.6 coverment codes 845. Once the pain became unbearable and I realized what I was doing, I had to notify staff member RN Hagashi AND RN John Doe AKA NURSE "D" CONTINUED WORK @

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

| | |
|---|--------------------------------|
| Grievant Signature:  | Date Submitted: 8-25-21 |
|---|--------------------------------|

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☐

| | | | |
|--|---|---|---|
| SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only | | Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| This grievance has been: | | | |
| <input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____ | | | |
| <input type="checkbox"/> Withdrawn (see section E) | | | |
| <input checked="" type="checkbox"/> Accepted | Assigned To: Thomas | Title: SRN II | Date Assigned: _____ Date Due: 11/2/21 |
| Interview Conducted? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date of Interview: 9/10/21 | Interview Location: A2B |
| Interviewer Name and Title (print): A. Thomas SNN II | Signature:  | Date: 10/27/21 | |
| Reviewing Authority Name and Title (print): B. Bizeadine, CEO (A) | Signature:  | Date: 11/1/21 | |
| Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention | | | |
| HCGO Use Only: Date closed and mailed/delivered to grievant: NOV 03 2021 | | | |

| | | | |
|--|---|---|--|
| 1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable | 2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other* | 3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached <input type="checkbox"/> Reached *See chrono/notes | 4. Comments: TABE 6-6 |
|--|---|---|--|

RECEIVED
CHCF
AUG 30 2021
HCGO

COMPLETED
CHCF
NOV 03 2021
HCGO

RECEIVED
HCCAB
NOV 29 2021

COMPLETED
HCCAB
DEC 29 2021

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Dissatisfied Because When I showed CNA M. Thomas the ~~sat~~ staple had she alerted nursing staff immediately I would have never gotten the chance to injure my self one and # two, why didn't she activate her alarm?

Grievant Signature:  Date Submitted: 11-15-21

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☒ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant: DEC 29 2021

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature: _____ Date Submitted: _____

Staff Name and Title (Print): _____ Signature: _____ Date: _____

RECEIVED
CHCF
AUG 30 2021

COMPLETED
CHCF
NOV 03 2021

4000
CGO

STAFF USE ONLY

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
CDCR 602 HC A (10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY

Tracking #: SC 21000338
~~CHCF HC 21001834~~

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

HARRIS, David

CDCR Number:

954352

Unit/Cell Number:

A2B-137

SECTION A:

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

As previously stated, I had to scream for the RN. TO call custody officer D. Christian for assistance which WAS provided at great length. Finally RN Lagashin and RN Doe (AKA Nurse "D") pulled a metallic piece of metal from my left forearm and placed it in a plastic container (ending statement.)

Grievant Signature:



Date Submitted:

8-25-21

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

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CHCF

AUG 30 2021

HCCGO

COMPLETED
CHCF

NOV 03 2021

HCCGO

STAFF USE ONLY

RECEIVED
HCCAB
NOV 29 2021

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE GRIEVANCE ATTACHMENT

Page 2 of 2

CDCR 602 HC A (10/18)

Tracking #: ~~CHCF HC 21001834~~

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

Grievant Signature: _____ Date Submitted: 11-15-21

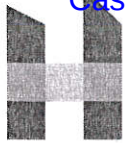
SECTION D: Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (If necessary at HQ Level).

Name and Title: _____ Signature: _____ Date: _____

| | | |
|---------------------------------|----------------------------------|-----------------------|
| RECEIVED CHCF AUG 30 2021 | COMPLETED CHCF NOV 03 2021 | STAFF USE ONLY |
|---------------------------------|----------------------------------|-----------------------|

Distribution: Original - Returned to grievant after completed, Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Response

Closing Date: NOV 03 2021

To: HARRIS, DAVID (P54352)
A 302B1137001LP
California Health Care Facility
P.O. Box 213040
Stockton, CA 95213

Tracking # CHCF SC 21000338

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The reviewing authority completed a review of the allegation of staff misconduct presented in the attached CDCR 602 HC, Health Care Grievance, and categorized your health care grievance as a staff complaint. Your health care grievance was referred for a confidential inquiry to address the allegation of staff misconduct.

GRIEVANT INTERVIEW

On September 18, 2021, you were interviewed by A. Thomas, Supervising Registered Nurse II. You stated you were sitting flat facing her and you showed her the staple and you drove it into your left arm. She just sat there and looked at it and did not call for help.

WITNESS INTERVIEW(S)

☐ No witnesses were interviewed.

☒ The following witnesses were interviewed: E. Dalaten, Registered Nurse.

SUBJECT OF THE STAFF COMPLAINT INTERVIEW

M. Thomas, Certified Nurse Assistant was interviewed.

INSTITUTIONAL LEVEL DISPOSITION

No intervention, as the confidential inquiry is complete and all issues were adequately addressed.

BASIS FOR INSTITUTIONAL LEVEL DISPOSITION

Your health care grievance package and health record and all pertinent departmental policies and procedures were

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.

reviewed.

With respect to one or more of the issues grieved, it has been concluded that staff:

☒ did not violate California Department of Corrections and Rehabilitation policy.

☐ violated California Department of Corrections and Rehabilitation policy.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances.

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

If you are dissatisfied with the Institutional Level Response, follow the instructions on the CDCR 602 HC, Health Care Grievance, and submit the entire health care grievance package for headquarters' level review. The headquarters' level review constitutes the final disposition on your health care grievance and exhausts your administrative remedies.

A. Thomas

Interviewer

A Thomas

Supervising Registered Nurse II

California Health Care Facility

10/27/2021

Reviewed and Signed Date

B. Brizendine

Reviewing Authority

B. Brizendine, PsyD, MBA, CCHP-MH

Chief Executive Officer (A)

California Health Care Facility

Re 10/3/21

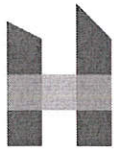
Reviewed and Signed Date

RECEIVED
HCOAS
10/29/21

Note 1: The institutional level review is based on records available as of the date the Institutional Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

Note 3: Permanent health care grievance document. Do not remove from the health care grievance package.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

DEC 29 2021

Closing Date:

To: HARRIS, DAVID (P54352)
California Health Care Facility
P.O. Box 213040
Stockton, CA 95213

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: CHCF SC 21000338

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The institutional level reviewing authority categorized your health care grievance as a staff complaint and referred your health care grievance for a confidential inquiry to address the allegation of staff misconduct.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, the supervisor's Confidential Inquiry Report, and all pertinent departmental policies and procedures were reviewed. Records indicate the content of the Confidential Inquiry Report supported the conclusion that staff did not violate California Department of Corrections and Rehabilitation policy.

While you may not agree with the decisions of your treatment team, it does not constitute staff misconduct or deliberate indifference to your health care needs.

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. Any report generated or action taken is confidential and will not be released to inmates under any circumstances. You have been

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

provided all information to which you have a right under California Code of Regulations, Title 15, Section 3999.231.

Per California Code of Regulations, Title 15, Section 3004(a), "Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner." Additionally, per the Health Care Department Operations Manual, Section 2.1.1, Patients' Rights, the individual patient's rights are maintained in concurrence with established medical ethics and to preserve the basic human dignity of the patient. Certain rights may be limited by reasonable application of security regulations.

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

This decision exhausts your administrative remedies.



S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

December 28, 2021

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

UNITED STATES DISTRICT COURT

Eastern District Court of California
Keith Holland, Clerk
Jenna Nelson, Chief Deputy

CLERK'S NOTICE

TO:

David D. Harris, P54352
CHCF-Stockton
PO Box 213040
Stockton, CA 95213

Case Number:

n/a

☐ **REPLY TO:**
Divisional Office
2500 Tulare St. #1-500
Fresno, California 93721

☒ **REPLY TO:**
Office of the Clerk
501 I Street #4-200
Sacramento, CA 95814

RE: Pleadings and/or Correspondence received on :

3/7/2022

- ☒ **E-FILING** : Pursuant to Standing Order of the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission of Prisoner Litigation filed by Plaintiffs Incarcerated", the document(s) can not be filed because your institution participates in the e-filing program with the court. Per the Standing Order, the document(s) is (are) returned unfiled and must be filed under E-Filing procedure with the Librarian/Litigation Coordinator. When filing documents under E-Filing procedures, please include this document (Clerk's Notice) with the e-filing documents.

Thank you for your future attention to this matter.

hh

Deputy Clerk

3/7/2022

Date